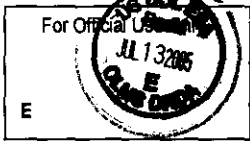


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3052</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>LYLE</u> <u>TRACHTENBERG</u> P.O. Box, Bldg., Room No., if any _____ Street <u>932 9th St. East APT#5</u> City <u>SANTA MONICA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90403</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL ALLIANCE OF THEATRICAL STAGERS</u> <u>(I.A.T.S.E.)</u> Labor Organization File Number <u>000-172</u> P.O. Box, Building and Room Number, if any <u>-</u> Street <u>1430 BROADWAY, 20th FLOOR</u> City <u>NEW YORK, NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization. <u>INTERNATIONAL REPRESENTATIVE-</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John Country

On

7-5-05

Date _____

818-980-3499

Telephone Number

Name of Person Filing

File Number U- 3052

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GEFFNER + BUSH - A LAW CORPORATIONTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500 WEST OLIVE AVENUE SUITE 1100City BURBANKState CALIFORNIA ZIP Code + 4 91505

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MOTION PICTURE PENSION + HEALTH PLANSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 11365 VENTURA BLVDCity STUDIO CITY,State CALIF. ZIP Code + 4 91604

11.a. Nature of such dealing.

LEGAL COUNSEL FOR HEALTH + PENSION FUND -11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DODGER TICKET 4/5/04 = 30.00
DODGER TICKET 4/23/04 = 30.00
DODGER TICKET 4/24/04 = 30.00
DODGER TICKET 7/1/04 = 30.00
LUNCH = 12-3-04 = 55.27

12.b. Amount. \$175.27

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

File Number U- 3052

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing

File Number U- 3052

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.